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SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X Agent  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID# 190047 1stC TOWN & COUNTRY CLEANERS 1925 Park Ave	<u> </u>
ORANGE PARK, FL 32073	3. Service Type  Certified Mail
7004 2510 0002 3939 3486 stricted Delivery? (Extra Fee) Sin Yes  2. Article Number (Transfer from service label)	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 2ACPRI-03-P-4081

U.S. Postal Service™ CERTIFIED MAIL RECEIPT 3486 (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com 939 m Postage 5000 Certified Fee **Postmark** Return Receipt Fee Here (Endorsement Required) 510 Restricted Delivery Fee (Endorsement Required) ΓÚ AIRS ID# 190047 1stC Total Po **TOWN & COUNTRY CLEANERS** 7004 Sent To 1925 Park Ave Street, Ar. ORANGE PARK, FL 32073 or PO Box City, State PS Form 3800, June 2002 See Reverse for Instructions